



USTA JUNIOR TEAM TENNIS LEAGUE PROGRAM



Cobb County Parks, Recreation and Cultural Affairs Department offers junior USTA leagues at each of Cobb's tennis centers. This program is for youth tennis players of all age and ability levels. Players may register individually and teams will be formed by the tennis center staff. This program provides instruction, match play and fun!!!

Teams compete in a Cobb County division of USTA Team Tennis.

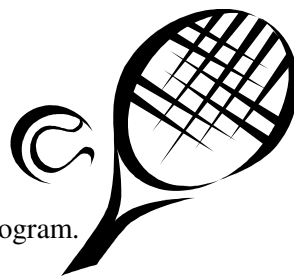
All players must be members of the USTA. To register, a USTA number and an accurate expiration date is required. If you need to purchase membership or inquire about your current membership status, phone the USTA office at 1-800-990-8782. The junior USTA membership fee is \$18.

REGISTRATION: Now – April 18

\$18.00 Payable to CCPRCA - covers court fees for all home matches including play-offs and administrative fees. \$36.00 for non-Cobb residents.

\$25.00 Payable to Andre Squires for USTA league fees (check only please)

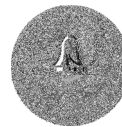
\$61.00 Payable to the coach at first practice for coaching fee (check only please).
One hour lessons / number of lessons (8). Team coaching is part of this league program.
All participants are expected to participate and pay the coaching fee.



TEAM PRACTICES: Begin week of May 3

SEASON BEGINS: May 28 (see back of form # 7)

All fees due at registration No refunds after April 18



Cobb County...Expect the Best!



GENERAL INFORMATION ON REVERSE SIDE OF THIS PAGE

Return to: FAIR OAKS TENNIS CENTER, 1460 WEST BOOTH RD EXT, MARIETTA, GA 30008 **(770) 528-8480**

FAIR OAKS SUMMER 2010 USA TEAM TENNIS JUNIOR LEAGUE PROGRAM REGISTRATION FORM

Name _____ M ☐ F ☐ Age _____ Birthdate _____
Street _____ City _____ State _____ Zip _____
Phone # _____ USTA # _____ Exp. Date _____
School attending _____ Grade _____
Playing experience / ability level _____
Are you state ranked? _____ Have you played USTA? _____ # of seasons _____ Last USTA level _____
Have you played ALTA? _____ # of season _____ Last ALTA level _____
Are you willing to move up in age group if necessary? _____

REQUIRED: Parent's Name _____ Cell phone #: _____
Phone # (B) _____ E-MAIL _____
Are you willing to be a team manager? _____ Will you help in other ways? Car pooling _____ Phoning _____ Other _____

FOR OFFICE USE ONLY: Court Fee Paid _____ Receipt # _____ Date _____

Check # for League Fee (\$25) _____ Check # for Coaching Fee _____ Initials _____

Barcode: 29140

GENERAL INFORMATION

1. Teams will be formed according to age and ability levels by Fair Oaks Tennis Center.
2. Team's home matches will be played at Fair Oaks Tennis Center.
3. Practices will be held after school hours one day a week (Monday - Friday). All coaching sessions will be given. Practices start 3 weeks before the season that lasts 7 weeks, so this should give coaches and teams ample time to complete the sessions. If not, any additional sessions will be given immediately after the season. **REFUNDS WILL NOT BE GIVEN.** Coaches have the option of adding or limiting numbers of lessons and adjusting the fee accordingly.
4. Parents are needed as volunteers for team managers, car-pooling, phone calling, etc. Please let us know if you can volunteer. (NOTE: Teams cannot be formed without a team manager.)
5. During the week of April 26 the team manager will notify players on which team they will be and practice times. **DO NOT CALL FAIR OAKS TENNIS CENTER.** Rosters are kept by the coaches and team managers.
6. Teams: age groups will be 10 & under, 12 & under, 14 & under, & 18 & under. Matches consist of one girls' singles, one boys' singles, one girls' doubles, one boys' doubles, and one mixed doubles.
7. Matches will be on Fridays, starting May 28 at 10am.
8. Line-ups are made by coaches. During the season, all players will be played as evenly as possible. During play-offs, the coach reserves the right to field the strongest team.
9. Individual requests concerning location, specific team, coach, or practice days and times will be considered, but not guaranteed. If there is an inconvenient practice time, please state on form.
10. Every effort will be made to place your child on a team. If, due to age and ability level, a team is not available, we will contact parent prior to roster deadline.
11. All fees must be paid before child is allowed to participate.
12. Minimum age requirement: a player must be turning at least 8 years old in 2010.

In order that the department assures compliance with ADA (Americans with Disabilities Act), please make the staff who work with the program/facilities aware of any specific physical or service accessibility need, so that we can reasonably accommodate your request.

RELEASE AND HOLD HARMLESS AGREEMENT PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs Department, I am, to the best of my knowledge, in good health and able to participate in the program. I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs Department to organize any required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. If any major treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The undersigned hereby forever releases, discharges, and covenants to hold harmless the Cobb County Parks, Recreation and Cultural Affairs Department, the Cobb County Recreation Board, the Cobb Arts Board, the Cobb County Board of Commissioners and Cobb County, Georgia and any other person, firm, corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County Parks, Recreation and Cultural Affairs Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

DATE: _____ BY: _____ [Signature of Participant]

DATE: _____ BY: _____ [Signature of Parent or Guardian]

NOTE: Signature of participant and parent/guardian are both required if participant is under age 19, or is registered for a program for the mentally or physically challenged, or other special population member.

My signature on this entry form grants permission for my son or daughter to participate in the Fair Oaks Junior USTA Program. I further acknowledge that I have read, and fully understand the rules and guidelines set forth in this brochure, and that all fees will be paid to the tennis center and teaching pros.

Parent's or Guardian's Signature _____ Date _____